



Public Health
Prevent. Promote. Protect.

TOWN OF ACTON

BOARD OF HEALTH

Application for Disposal Works Construction Permit

Health Dept. Phone: 978-929-6632

www.acton-ma.gov

www.health@acton-ma.gov



No. _____

Fee Total: _____

FEE SCHEDULE

	Plan Review	Inspections		Review/Const.
New Construction/ Increase in flow			Minor Repair	
<549 GPD	___	165	___	160
550-1999 GPD	___	205	___	200
2000 – 5999 GPD	___	380	___	585
6000 – 9999+ GPD	___	745	___	955
Repair/Replacement				
<549 GPD	___	125	___	120
550-1999 GPD	___	240	___	220
2000 – 5999 GPD	___	355	___	480
6000 – 9999+ GPD	___	620	___	960
				Const./Use
			I/A Technology	
			I/A w/ periodic operation reporting *	___ 75
			I/A w/o operation reporting	___ 75

___ Tank ___ D-Box
___ Pump Chamber ___ Line

___ 80

**Operation Permit Renewal required annually or with change in Use/Ownership for all I/A Technology with conditions of approval requiring periodic operation reporting*

DESIGNER INFO

DESIGNER/ENGINEER

ADDRESS

PE/RS LICENSE #

PHONE

EMAIL (print only)

PROJECT INFO

LOT/NUMBER

STREET

OWNER OF RECORD

OWNER ADDRESS

DESIGN FLOW (GPD): _____

EXISTING DAILY FLOW (GPD): _____

NUMBER OF HABITABLE ROOMS: _____
(Excluding bathrooms, hallways, unfinished cellars, unheated storage areas)

If Applicable, describe nature of minor repair:

I/A: Yes ___ No ___

TYPE: _____

MA DEP APPROVAL STATUS: General ___ Remedial ___ Pilot ___ Provisional ___

MA DEP I/A APPROVAL LETTER TRANSMITTAL NUMBER: _____

(From MA DEP approval letter)

AGREEMENT

The undersigned agrees to install the described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental Code and ARTICLE 11 & 16 of the Acton BOH Rules and Regulations - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Acton Board of Health.

Applicant's Signature _____ Date: _____